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Assessment of Public Interest in the Use of Munjaro for Weight Loss in Ha'il City Community, KSA

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Abstract **Background:** Obesity has become a critical public health challenge in Saudi Arabia, driving growing interest in pharmacological weight-management options, including off-label use of GLP-1-based therapies such as tirzepatide (Mounjaro). This study aimed to assess public knowledge, perceptions and interest in Mounjaro among adults in Ha'il, focusing on awareness sources, perceived effectiveness, safety concerns, eligibility criteria and understanding of FDA approval status. **Methods:** A cross-sectional electronic survey was distributed via social media platforms between December 2024 and February 2025, yielding responses from approximately 200 participants. Data were analysed using SPSS version 27, employing descriptive statistics and Chi-square tests with a significance threshold of $p<0.05$. **Results:** The findings revealed high general awareness of Mounjaro (93%), with healthcare staff, family and social media serving as the primary information sources. Despite broad awareness, detailed knowledge remained limited, as 48% reported low and 25% no knowledge of the medication. Most participants perceived Mounjaro as effective for weight loss (92.5%) and were familiar with common side effects such as nausea and vomiting. Education level and knowledge significantly influenced the likelihood of consulting a doctor, while gender differences showed higher awareness among females. A strong majority (88%) expressed a need for increased public education. **Conclusion:** These results highlight widespread interest but insufficient understanding of Mounjaro, emphasizing the need for targeted awareness campaigns and evidence-based health communication strategies.

Key Words Mounjaro, Tirzepatide, Weight Management, Public Awareness, Saudi Arabia

INTRODUCTION

Obesity and its attendant conditions have become major health problems worldwide and obesity is currently ranked as the fifth most common leading cause of death globally. The World Health Organization (WHO) defines obesity as an "abnormal or excessive fat accumulation that may impair health," further clarifying that "the fundamental cause of obesity and overweight is an energy imbalance between calories consumed and calories expended" [1,2]. Obesity rates have surged in the developing world, with the number of obese adults rising from 105 million in 1975 to 641 million in 2014 [3]. Saudi Arabia (SA) notably has an obesity prevalence higher than the global average (35% vs. 13%) [4] and increased to 54.3% in 2018 [5].

The United Nations Global Health Targets Report for 2025 indicates that Saudi Arabia has one of the highest obesity rates for both genders and suggests that the likelihood of meeting obesity reduction targets by 2025 is very low, at ≤1% [6]. Researchers have also noted that various forms of obesity, including abdominal obesity, are related to increased risk of several chronic conditions and diseases, which include all cancers except esophageal and prostate cancer, all cardiovascular diseases, asthma, gallbladder disease, osteoarthritis and chronic back pain [7].

Recently, individuals have increasingly turned to convenient methods for weight reduction or management, including bariatric surgeries, weight loss medications, and, more recently, injectable hypoglycaemic agents [8,9]. While the use of anti-diabetic drugs for weight loss is considered off-label, the Food and Drug Administration (FDA) has not approved them for this purpose [10,11]. According to 2022 Saudi

guidelines, the pharmaceutical management of obesity includes the use of liraglutide and orlistat for obese and overweight adults [12]. bariatric surgery is approved for individuals with morbid obesity or type III obesity with comorbidities [13].

In Saudi Arabia, metformin is commonly used off-label as a weight-reducing agent despite not being approved for weight management by either the US FDA or the Saudi FDA. However, attitudes toward the use of such medications can vary. A study among the Jordanian population revealed that most participants demonstrated a neutral attitude toward antidiabetic medication use for weight loss, with only 6.3% using Mounjaro® for weight loss [14]. Regarding Tirzepatide (Mounjaro®) is the first dual agonist of the GIP and GLP-1 receptors, approved in the USA, EU, Japan and other countries as an adjunct to diet and exercise for improving glycaemic control in adults with type 2 diabetes. It is administered once weekly by subcutaneous injection using prefilled pens or vials. In SURPASS phase III trials, tirzepatide showed greater efficacy than other GLP-1 receptor agonists, as well as basal and prandial insulin, both as monotherapy and in combination with other glucose-lowering agents, in reducing blood glucose and body weight. The drug was generally well tolerated, with most adverse events being mild to moderate gastrointestinal effects such as nausea, diarrhoea and decreased appetite and it was associated with a low risk of hypoglycaemia and no increased risk of major cardiovascular events [15].

According to the US FDA, Mounjaro (tirzepatide) is approved for type 2 diabetes, but not for weight loss [16]. public interest in GLP-1 receptor agonists has increased both globally and locally. Despite that, Knowledge of weight management medications (WMMs) in the Saudi population appears to be limited. highlighting the need for targeted interventions to improve public awareness and promote safe use [17]. in addition to recent study demonstrating the increasing use of off-label medications which act via GLP-1 receptors, has been observed. Most participants familiar with these medications obtained them through prescriptions and were aware of their side effects and the importance of expert consultation, although only about 31% of the population is aware of them. These medications are mostly available as injections and participants' interest in using them increases if they are safe and cost-effective [18].

The aim of this study to assess public knowledge and interest in Mounjaro (tirzepatide) among the population of Hail, focusing on sources of information, perceived effectiveness, awareness of risks and side effects, expected costs, understanding of eligibility criteria and awareness of FDA approval status.

Review of Literature

GLP-1 agonists are a class of medications most often used for the treatment of type 2 diabetes (T2DM) by suppressing glucagon secretion and enhancing the satiating effects of the naturally occurring GLP-1 hormone [10]. Moreover**,** Tirzepatide is a novel FDA-approved (May 2022) synthetic polypeptide for treating type 2 diabetes mellitus (T2DM), as a dual agonist of GLP-1 and GIP receptors, it improves glycaemic control and promotes weight loss, offering benefits comparable to GLP-1 medications like semaglutide [19].

Globally, recent polling by the Kaiser Family Foundation (KFF) indicates increasing public awareness and use of GLP-1 agonists in the United States. Approximately 12% of adults have ever used these medications, with higher prevalence among those diagnosed with diabetes (43%), heart disease (25%) or obesity (22%). Most users report taking GLP-1 drugs for chronic conditions (62%), while about 40% use them primarily for weight loss. Awareness has risen over the past year, with 32% of adults reporting high familiarity. Cost remains a significant barrier, as over half of users found these medications difficult to afford. However**,** use among adults aged 65 and older is limited, likely due to Medicare's lack of coverage for weight-loss indications, although 60% of adults support expanding coverage for this purpose [20].

Furthermore**,** GLP-1 agonists, especially Ozempic, have gained significant public attention in the U.S., with Google Trends (Mar 2018-Feb 2023) showing a marked rise in search interest [10].

Locally**,** a cross-sectional study in Saudi Arabia of 384 non-diabetic adults (18-65) found that 32.5% had poor, 29.3% moderate and 38.3% good knowledge about using diabetes medications for weight loss; most participants were female (69.4%) and 30.6% were males, aged 20-30 (55.8%) [21].

Moreover**,** a cross-sectional study in Madinah, Saudi Arabia (n = 260) found moderate awareness of GLP-1 receptor agonists, with gaps in knowledge about proper use, safety and eligibility; most recognized weight loss benefits and side effects, highlighting the need for targeted education [22].

Off-label use of Ozempic for cosmetic weight loss has gained widespread media and social media attention, driving increased demand and ongoing shortages of Ozempic and Wegovy [10].

Additionally**,** a study of 368 plastic surgeons in the United States found that 25% prescribed GLP-1 agonists and 30% used them personally, mostly for cosmetic purposes. Most surgeons considered the drugs effective and recommended them to colleagues, despite variations in screening practices, nutritional counseling and preoperative management, highlighting the need for safe and ethical guidelines for off-label use [23].

Bodybuilders increasingly use GLP-1 agonists off-label for weight loss, anti-aging and aesthetics, often combining them with steroids. Despite harm-reduction advice on forums, these practices carry risks like hypoglycaemia, underscoring the need for careful guidance [24].

METHODS

Study Design, Settings, Area and Population

A cross-sectional study based on an electronic self-administrated questionnaire was distributed on social media to male and female participants of Hail, Saudi Arabia. population from different age groups from December 2024 to February

2025. A total number of approximately 200 participants filled in the questionnaire. it's important to note that using a social media as a recruitment method may introduce bias.

Study Tool

A tool was designed using the existing literature, practicing physicians to assess the awareness among Saudi Arabia population. The questionnaire was initially designed in Arabic and then translated to the English language. The questionnaire consists of informed consent and 30 questions to assess the participants' interest in the use of munjaro for weight loss. In Ha'il City community, KSA.

Data Analysis

Data analysis was conducted using IBM SPSS Statistics version 27. Descriptive statistics were used to summarize the demographic characteristics of the sample, including age, gender and education level. Frequencies and percentages were calculated for categorical variables related to Mounjaro's awareness, knowledge, opinions, experiences and information-seeking behaviours. Bivariate analyses were performed to explore the relationships between various factors and key variables of interest, such as awareness of Mounjaro and consultation with a doctor about the medication. Specifically, cross-tabulations were used to examine the associations between categorical variables. Where appropriate, statistical tests, such as the Chi-square test or Fisher's exact test, were used to assess the statistical significance of these associations. These tests determined whether the observed relationships were likely due to chance or reflected a true association in the population. The level of statistical significance was set at $p<0.05$.

RESULTS

Table 1 shows the socio-demographic characteristics and public medical consultation in the Ha'il City community. The data revealed that the largest participants were between 18 and 24 years old (44.0%, n = 88), followed by those aged 25 to 34 (21.5%, n = 43). Females comprised a significantly larger portion of the sample (62.5%, n = 125) compared to males (37.5%, n = 75). About education, most participants held a bachelor's degree (43.0%, n = 86), with high school graduates comprising the next largest group (37.0%, n = 74) and only a small percentage holding postgraduate degrees (3.5%, n = 7). Regarding Mounjaro specifically, the community was almost evenly split on whether they had consulted a doctor about the medication, with 49.5% (n = 99) having done so and 50.5% (n = 101) not. Of those who had consulted a doctor, the overwhelming majority reported an excellent experience (68.7%, n = 68), while a smaller portion reported a good experience (24.2%, n = 24). Participants primarily obtained health information from healthcare staff (47.0%, n = 94) and family and friends (26.0%, n = 52), with social media also playing a notable role (18.5%, n = 37). When it came to rely on the internet and social media for health information, 35.5% (n =71) reported a moderate reliance, 35.0% (n = 70) reported a high reliance and 14.5% (n = 29) stated they never relied on these platforms.

Table 1: Table: Socio-demographic Characteristics and Public Health consolation in Ha'il City Community, KSA (N=200)

Parameters	No	%
Age in years		
18-24	88	44.0
25-34	43	21.5
35-44	38	19.0
45-54	25	12.5
55+	6	3.0
Gender		
Male	75	37.5
Female	125	62.5
Educational level		
Below secondary school	17	8.5
High school	74	37.0
Diploma	16	8.0
Bachelor's degree	86	43.0
Postgraduate studies	7	3.5
Have you ever consulted a doctor about the medication 'Mounjaro'		
Yes	99	49.5
No	101	50.5
If your answer is 'yes', how was your experience with the doctor regarding the information provided about this medication		
Excellent	68	68.7
Good	24	24.2
Accepted	2	2.0
Useless	5	5.1
What are your preferred sources for obtaining health information		
Health care staff	94	47.0
Social media	37	18.5
Internet websites	12	6.0
Family/friends	52	26.0
Mass media	5	2.5
To what extent do you rely on the health information you get from the internet and social media platforms		
I rely on it a lot	70	35.0
Rely on it to a moderate degree	71	35.5
Rely on it a little	30	15.0
Never rely on it	29	14.5

Table 2 provides insightful data on the public knowledge and opinions regarding the use of Mounjaro in the Ha'il City community. It reveals a high level of awareness about Mounjaro, with 93.0% (186 individuals) having heard of it, primarily through healthcare staff (41.4%, 77 individuals) and family/friends (28.5%, 53 individuals). Despite this awareness, only a small percentage have high or intermediate knowledge about the medication, with most participants reporting low knowledge (48.0%, 96 individuals) or no knowledge (25.0%, 50 individuals). The participants' perception of the benefits of Mounjaro mainly its use for diabetes treatment (61.0%, 122 individuals), with a smaller portion recognizing its potential for weight loss (20.5%, 41 individuals). A significant majority believe that Mounjaro is effective for weight loss (92.5%, 185 individuals), with 53.5% (107 individuals) rating its effectiveness as very effective. Regarding side effects, nausea (82.5%, 165 individuals) and vomiting (54.0%, 108 individuals) are the most commonly recognized, followed by stomach pain (42.0%, 84 individuals) and headache (37.0%, 74 individuals). Interest in learning more about Mounjaro is

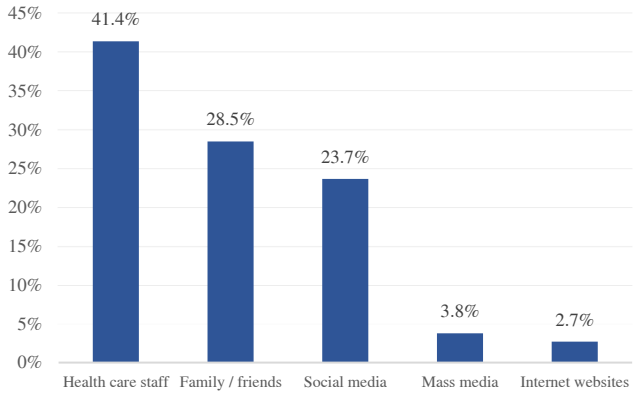

Figure 1: Public source of information about Mounjaro in Ha'il City Community, KSA (N = 200)

Table 2: Public Knowledge and Opinions on the Use of Mounjaro in Ha'il City Community, KSA (N=200)

Knowledge		No	%
Have you ever heard about the 'Mounjaro'	Yes	186	93.0
	No	14	7.0
If your answer is 'yes,' how did you learn about the 'Mounjaro'	Health care staff	77	41.4
	Family/friends	53	28.5
	Social media	44	23.7
	Mass media	7	3.8
	Internet websites	5	2.7
What is your level of knowledge about the "Mounjaro"	High knowledge	25	12.5
	Intermediate knowledge	29	14.5
	Low knowledge	96	48.0
	I have no knowledge	50	25.0
In your opinion, what is the benefit of the "Mounjaro"?	Treatment for diabetes	122	61.0
	Reduce weight	41	20.5
	Reduce blood pressure	15	7.5
	Analgesic	3	1.5
	I don't know	19	9.5
In your opinion, is the "Mounjaro" effective for weight loss?	Effective	185	92.5
	Not effective	15	7.5
If you believe the medication is effective in weight loss, how would you rate its effectiveness based on your knowledge?	Very effective	107	53.5
	Intermediate effective	57	28.5
	Not effective	16	8.0
	I don't know	20	10.0
In your opinion, what are the side effects of the 'Mounjaro'	Nausea	165	82.5
	Vomiting	108	54.0
	Stomach pain	84	42.0
	Headache	74	37.0
	Drowsiness	71	35.5
	Tiredness	57	28.5
	I don't know	22	11.0
	Hypoglycaemia	20	10.0
	Tachycardia	6	3.0
	Acne	3	1.5
	Weight gain	3	1.5
How interested are you in learning more about the drug 'Mounjaro'	Very interested	70	35.0
	Slightly interested	25	12.5
	Interested	48	24.0
	Not interested	57	28.5
If you are interested, what is the main reason for this interest	Desire to learn about new medicines	40	28.0
	The presence of similar cases in the family	39	27.3
	Personal health concerns	61	42.7
	Interested in health care field	3	2.1

Table 3: Public Perception and Experiences with the Use of Mounjaro in Ha'il City Community, KSA (N=200)

Items	No	Percentage
Do you think a patient needs to follow a diet and exercise while using "Mounjaro"		
Yes	182	91.0
No	18	9.0
Have you ever read or heard about people who used "Mounjaro" and achieved results in losing weight		
Yes	159	79.5
No	22	11.0
Not sure	19	9.5
If you have heard about the effects of medication on weight, what is the main effect you have noticed		
Rapid weight loss	114	57.0
Gradual weight loss	54	27.0
I don't know	32	16.0
Have you ever read or heard about experiences of people who faced side effects while using the 'Mounjaro'		
Yes	168	84.0
No	32	16.0
In your opinion, who can use the 'Mounjaro'		
Patients suffering from diabetes	111	55.5
Patients suffering from obesity	63	31.5
I don't know	26	13.0

Table 4: Table: Public awareness Needs, attitude Regarding Mounjaro, it approval and cost in Ha'il City Community

Items	No	%
Do you feel there is a need to increase awareness about the "mounjaro," its uses, and its effects		
Yes	176	88.0
No	3	1.5
I don't know	21	10.5
What is the best way you would prefer to receive educational information about "mounjaro" and its effects		
Awareness campaigns about medicine via social media	132	66.0
Direct consultations from doctors	23	11.5
Awareness workshops or medical seminars	10	5.0
Online brochures and articles	35	17.5
Is the mounjaro safe for use		
Yes	147	73.5
No	11	5.5
I don't know	42	21.0
Is the 'mounjaro' approved by the FDA		
Yes	154	77.0
No	6	3.0
I don't know	40	20.0
In your opinion, what is the price of 'Mounjaro'		
100-500 SR	31	15.5
500-1000 SR	22	11.0
1000-1500 SR	137	68.5
1500-2000 SR	10	5.0

substantial, with 35.0% (70 individuals) being very interested and 24.0% (48 individuals) interested. Personal health concerns (42.7%, 61 individuals) are the main reason for this interest.

Table 3 highlights the public perception and experiences regarding the use of Mounjaro for weight loss in the Ha'il City community. An overwhelming majority, 91.0% (182 individuals), believe that patients need to follow a diet and exercise while using Mounjaro. A significant number of participants, 79.5% (159 individuals), have read or heard about people achieving weight loss results with Mounjaro. Among those who have heard about the effects of the medication

Table 5: Factors Associated with Awareness of Mounjaro in Ha'il City Community, KSA (N=200)

Factors	Have you ever heard about the 'Mounjaro'				p-value
	Yes		No		
	No	Percentage	No	Percentage	
Age in years					0.077
18-24	86	97.7	2	2.3	
25-34	40	93.0	3	7.0	
35-44	32	84.2	6	15.8	
45-54	23	92.0	2	8.0	
55+	5	83.3	1	16.7	
Gender					0.001*
Male	63	84.0	12	16.0	
Female	123	98.4	2	1.6	
Educational level					0.454
Below secondary school	17	100.0	0	0.0	
High school	66	89.2	8	10.8	
Diploma	15	93.8	1	6.3	
Bachelor's degree	81	94.2	5	5.8	
Postgraduate studies	7	100.0	0	0.0	
What is your level of knowledge about the "Mounjaro"					0.001*
High knowledge	25	100.0	0	0.0	
Intermediate knowledge	29	100.0	0	0.0	
Low knowledge	95	99.0	1	1.0	
I have no knowledge	37	74.0	13	26.0	
What are your preferred sources for obtaining health information?					0.048*
Health care staff	86	91.5	8	8.5	
Social media	32	86.5	5	13.5	
Internet websites	12	100.0	0	0.0	
Family/friends	52	100.0	0	0.0	
Mass media	4	80.0	1	20.0	

P: Exact probability test* p<0.05 (significant)

Table 6: Factors Associated with Consulting a Doctor about Mounjaro in Ha'il City Community, KSA (N=200)

Factors	Have you ever consulted a doctor about the medication 'Mounjaro'				p-value
	Yes		No		
	No	Percentage	No	Percentage	
Age in years					0.490
18-24	49	55.7	39	44.3	
25-34	19	44.2	24	55.8	
35-44	15	39.5	23	60.5	
45-54	13	52.0	12	48.0	
55+	3	50.0	3	50.0	
Gender					0.361
Male	34	45.3	41	54.7	
Female	65	52.0	60	48.0	
Educational level					0.016*^
Below secondary school	7	41.2	10	58.8	
High school	45	60.8	29	39.2	
Diploma	8	50.0	8	50.0	
Bachelor's degree	33	38.4	53	61.6	
Postgraduate studies	6	85.7	1	14.3	
What is your level of knowledge about the "Mounjaro"					0.009*
High knowledge	18	72.0	7	28.0	
Intermediate knowledge	15	51.7	14	48.3	
Low knowledge	50	52.1	46	47.9	
I have no knowledge	16	32.0	34	68.0	
What are your preferred sources for obtaining health information?					0.001*^
Health care staff	38	40.4	56	59.6	
Social media	16	43.2	21	56.8	
Internet websites	3	25.0	9	75.0	
Family/friends	41	78.8	11	21.2	
Mass media	1	20.0	4	80.0	

P: Pearson X^2 test, ^: Exact probability test, *p<0.05 (significant)

on weight, 57.0% (114 individuals) reported rapid weight loss, while 27.0% (54 individuals) noticed gradual weight loss. Regarding side effects, a substantial 84.0% (168 individuals) have read or heard about people experiencing them while using Mounjaro. When asked who can use Mounjaro, 55.5% (111 individuals) mentioned patients suffering from diabetes and 31.5% (63 individuals) indicated it is for patients suffering from obesity. A smaller percentage, 13.0% (26 individuals), were unsure.

As for source of information about Mounjaro (Figure 1), The primary source of information about Mounjaro among those who had heard of it was healthcare staff, cited by 41.4% of respondents. Family and friends also played a significant role, accounting for 28.5% of responses. Social media was another important source, with 23.7% of participants learning about Mounjaro through these platforms. More traditional media like mass media (3.8%) and internet websites (2.7%) were less frequently cited as sources of information.

A significant majority of respondents, 88.0% (176 individuals), feel that there is a need to increase awareness about Mounjaro, its uses and its effects. When it comes to preferred methods for receiving educational information, 66.0% (132 individuals) favour awareness campaigns via social media, while 17.5% (35 individuals) prefer online brochures and articles. Direct consultations from doctors (11.5%, 23 individuals) and awareness workshops or medical seminars (5.0%, 10 individuals) were less reported. Regarding the safety of Mounjaro, 73.5% (147 individuals) believe it is safe for use, while a smaller percentage, 21.0% (42 individuals), are unsure. Additionally, 77.0% (154 individuals) are aware that Mounjaro is approved by the FDA, while 20.0% (40 individuals) do not know. In terms of the perceived price of Mounjaro, the majority, 68.5% (137 individuals), believe it costs between 1000-1500 SR, while smaller percentages estimate it to be 100-500 SR (15.5%, 31 individuals) or 500-1000 SR (11.0%, 22 individuals).

Table 5 explores the relationship between awareness of Mounjaro and several demographic and informational factors. A significantly higher proportion of females (98.4%) had heard of Mounjaro compared to males (84.0%), a statistically significant difference ($p = 0.001$). While awareness was high across age groups, the lowest awareness was observed among those aged 55+ (83.3%) and the highest among those aged 18-24 (97.7%), though this difference was not statistically significant ($p = 0.077$). Educational level did not appear to have a strong association with Mounjaro awareness ($p = 0.454$). As expected, individuals with high or intermediate knowledge of Mounjaro had 100% awareness, while even among those with low knowledge, awareness was still quite high at 99.0%. Those with no knowledge of Mounjaro had a lower awareness rate of 74% ($p = 0.001$). Regarding health information sources, family/friends and internet websites showed 100% awareness among those who preferred them, followed by healthcare staff at 91.5%, social media at 86.5% and mass media at 80% ($p = 0.048$).

Table 6 presents the relationship between various factors and whether individuals consulted a doctor about Mounjaro. While age and gender showed no statistically significant association with consulting a doctor, education level did ($p = 0.016$). Those with postgraduate studies consulted doctors at the highest rate (85.7%), while those with bachelor's degrees consulted at the lowest rate (38.4%). Knowledge of Mounjaro also significantly impacted consultation behavior ($p = 0.009$). Those with high knowledge were most likely to consult (72.0%), followed by those with intermediate knowledge (51.7%) and low knowledge (52.1%). Unsurprisingly, individuals with no knowledge of Mounjaro consulted at the lowest rate (32.0%). Preferred sources of health information also demonstrated a significant association with consultation ($p = 0.001$). Those who preferred family/friends consulted doctors at a much higher rate (78.8%) compared to those who preferred other sources. The lowest consultation rates were observed among those who preferred internet websites (25.0%) and mass media (20.0%).

DISCUSSION

This study provides valuable insights into the awareness, knowledge, perceptions and experiences related to Mounjaro in the Ha'il City community, with several key findings that have important implications for public health education and communication.

Awareness and Knowledge Gaps

While there is a high level of general awareness about Mounjaro, many participants demonstrate a limited understanding of its specific uses, effectiveness and potential side effects. This suggests that although the medication is well-recognized, the knowledge of how it works remains shallow for many. This is not unique to Mounjaro, as new medications often gain attention before the public fully grasps their details. A significant portion of information comes from informal sources, such as family, friends and social media, which may sometimes lead to misconceptions. Therefore, structured educational campaigns that provide accurate, evidence-based information are needed to bridge these gaps and ensure a more informed public.

Public Perceptions and Health Information Sources

The public largely associates Mounjaro with diabetes treatment, while fewer people are aware of its role in weight loss. Despite this, a majority of participants believe the drug is highly effective for weight loss. However, there is also a considerable awareness of its potential side effects, such as nausea and vomiting. Healthcare professionals seem to be the most trusted source of information, but a sizable portion of people also turn to social media and personal circles. This reliance on digital platforms for health information is noteworthy, as it points to a shift in how the public engages with medical topics. Given the influence of social media, health experts need to actively participate in these digital spaces to correct misinformation and provide more balanced perspectives.

Doctor Consultation and Education Level Correlations

The study reveals a strong correlation between education level and the likelihood of consulting a doctor about Mounjaro.

Those with higher education are more likely to seek professional advice, which suggests that health literacy is a key factor in proactive health-seeking behaviour. This highlights the importance of improving health literacy across different education levels. For those with lower levels of education, targeted educational interventions are necessary to encourage more engagement with healthcare professionals, ensuring that individuals are making informed decisions about their health.

Gender Differences in Awareness

A significant gender difference was noted in terms of awareness, with women demonstrating higher levels of awareness about Mounjaro than men. This may reflect broader trends where women are often more engaged with health issues and more likely to interact with healthcare systems. The disparity in awareness levels suggests that health campaigns may need to tailor their messaging to address the unique factors influencing male populations. Increasing outreach to men and making health information more accessible and engaging for them could help close this gap.

CONCLUSIONS

This study assessed public interest in Mounjaro for weight loss in Hail City, revealing that most residents had heard of it, with awareness higher among females. While many believe in its effectiveness, concerns about side effects remain high, likely due to limited knowledge. The study also highlights gaps in understanding its specific uses, effectiveness and risks. Given the significant influence of social media on public perception, healthcare professionals should actively engage on these platforms to counter misinformation and provide accurate medical information. In addition, there is a clear need for Ministry of Health-led awareness campaigns to provide structured health education and for stronger regulation of online misinformation to ensure that the public receives reliable, evidence-based guidance.

Limitations

Data This study has several limitations. The relatively small sample size may limit the generalizability of the findings. In addition, the cross-sectional design precludes the ability to establish causality. Reliance on self-reported data may also introduce reporting bias and the use of an online survey could contribute to sampling bias. Furthermore, the study was restricted to a single city (Hail), which may not fully represent the broader Saudi population. Finally, while a structured questionnaire was employed, no formal validation process was reported, which may limit the robustness of the results.

Recommendations

Future research should consider larger multi-centre studies across different regions of Saudi Arabia to enhance generalizability. Employing stratified random sampling would improve representativeness. In addition, adopting mixed-method approaches, such as combining surveys with focus groups, could provide deeper insights into public perceptions and behaviours. Exploring behavioural and psychosocial factors that influence the actual use of Mounjaro would also be valuable in guiding public health strategies and clinical practice.

Ethical Statement

The ethical approval for this research was obtained from the Institutional Ethical Committee at the University of Hail with the approval number 535. Before individual data collection, each participant was informed about the study and voluntarily filled in the questionnaire.

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